

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09841433

FILING DATE
4-24-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8			<i>Canceled Claim</i>			
9						
10			1482 add			
11						
12						
13			1461 + 5395			
14						
15						
16			<i>Added Claim</i>			
17						
18			5396			
19						
20			5377			
21						
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46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1483	1		23	1			
52	24	1		24	1			
53	25	1		25	1			
54	26	1		26	1			
55	27	1		27	1			
56	28	1		28	1			
57	29	1		29	1			
58	30	1		30	1			
59	31	1		31	1			
60	32	1		32	1			
61	33	1		33	1			
62	34	1		34	1			
63	35	1		35	1			
64	36	1		36	1			
65	37	1		37	1			
66	38	1		38	1			
67	39	1		39	1			
68	1486	1		30	1			
69	41	1		31	1			
70	37	1		32	1			
71	33	1		33	1			
72	34	1		34	1			
73	35	1		35	1			
74	36	1		36	1			
75	37	1		37	1			
76	38	1		38	1			
77	39	1		39	1			
78	10	1		40	1			
79	11	1		41	1			
80	12	1		42	1			
81	73	1						
82	14	1		5396	1			
83	15	1		5377	1			
84	16	1						
85	17	1						
86	18	1						
87	19	1						
88	20	1						
89	21	1						
90	1482	1						
91	22	1						
92	24	1						
93	25	1						
94	26	1						
95	27	1						
96	28	1						
97	29	1						
98	30	1						
99	31	1						
100	22	1						
TOTAL IND.				2				
TOTAL DEP.				76				
TOTAL CLAIMS				78				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS